

EXHIBIT “A”

JOHN LA ~~NAME~~ of Circuit Court  
REGISTER OF DEEDS  
Milwaukee County, WI  
AMOUNT: \$30.00

FEE EXEMPT #: 77.25 (155)  
0

\*\*\*This document has been  
electronically recorded and  
returned to the submitter. \*\*

State Bar of Wisconsin Form 3-2003  
**QUIT CLAIM DEED**

Document Number

Document Name

**THIS DEED**, made between PERRAULT JEAN PAUL

\_\_\_\_\_  
("Grantor," whether one or more),  
and SUPPORTIVE HEALTH LLC, A NJ LLC

\_\_\_\_\_  
("Grantee," whether one or more).

Grantor quit claims to Grantee the following described real estate, together with the  
rents, profits, fixtures and other appurtenant interests, in Milwaukee  
County, State of Wisconsin ("Property") (If more space is needed, please attach  
addendum):

LOTS 13 AND 14 IN BLOCK 4, IN VILLAGE OF ST. FRANCIS BEING A  
SUBDIVISION OF PART OF THE NORTHWEST 1/4 AND SOUTHWEST 1/4 OF  
SECTION 15, IN TOWNSHIP 6 NORTH, OF RANGE 22 EAST, IN THE CITY OF  
ST. FRANCIS, MILWAUKEE COUNTY, WISCONSIN

## Recording Area

Name and Return Address  
PERRAULT JEAN PAUL  
85 SYCAMORE ROAD  
JERSEY CITY, NJ 07305

540-1432-000

Parcel Identification Number (PIN)

This is not hotmated property.  
(is) (is not)

Dated 2/17/16



\_\_\_\_\_  
\* PERRAULT JEAN PAUL

(SEAL)

(SEAL)

(SEAL)

## AUTHENTICATION

Signature(s) \_\_\_\_\_

authenticated on \_\_\_\_\_

## ACKNOWLEDGMENT

STATE OF New Jersey }  
Hudson COUNTY } ss.

Personally came before me on February 17, 2016  
the above-named Perrault Jean-Paul

to me known to be the person(s) who executed the foregoing  
instrument and acknowledged the same.

\_\_\_\_\_  
Notary Public, State of Wisconsin New Jersey  
My Commission (is permanent) (expires: 9/30/2019)

TITLE: MEMBER STATE BAR OF WISCONSIN  
(If not, \_\_\_\_\_  
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:

PERRAULT JEAN PAUL

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

QUIT CLAIM DEED

\* Type name below signatures.

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CARLINE BOLIVAR

FORM NO. 3-2003

NOTARY PUBLIC

STATE OF NEW JERSEY

MY COMMISSION EXPIRES 9/30/2019